



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT C

APPLICANT(S): Hans-Erich REINFELDER et al CONFIRMATION NO.: 9129
SERIAL NO.: 09/773,949 GROUP ART UNIT: 3621
FILED: February 1, 2001 EXAMINER: D. L. Greene
INVENTION: "SOFTWARE ICS OR PALS FOR HIGH LEVEL
APPLICATION FRAMEWORKS"

MAIL STOP AMENDMENT

Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

SIR:

In response to the Office Action dated November 29, 2004 in connection with
the filing of a Request for Continued Examination (RCE) the following is submitted:

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SCHIFF HARDIN LLP

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of: Hans-Erich Reinfelder et al CONFIRMATION NO.: 9129

Serial No.: 09/773,949 GROUP ART UNIT: 3621

Filed: February 1, 2001 EXAMINER: D. L. Greene

For: "SOFTWARE ICS OR PALS FOR HIGH LEVEL APPLICATION FRAMEWORKS"

AMENDMENT C MAIL STOP AMENDMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450
SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	18*	MINUS	20	X	() X 50.00 () X 25.00	
INDEP. CLAIMS	6*	MINUS	6	X 7	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$360.00 () \$180.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

■ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated **November 29, 2004** for 3 months so that the period for response is extended to **May 29, 2005**. A check in the amount of **\$1020.00** is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

■ A check in the amount of **\$ 1020.00** is attached.

☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

■ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

BY

Patent Department

(Reg. #27,841)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on May 3, 2005.

Brett A. Valiquet

NAME OF APPLICANTS ATTORNEY

SIGNATURE

May 3, 2005

DATE

05/06/2005 WAFW1 00000020 09773949

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